AMENDED IN SENATE AUGUST 3, 2010

AMENDED IN SENATE AUGUST 2, 2010

AMENDED IN SENATE JUNE 24, 2010

AMENDED IN SENATE APRIL 27, 2010

AMENDED IN SENATE JULY 1, 2009

AMENDED IN ASSEMBLY MAY 6, 2009

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

# ASSEMBLY BILL No. 1542

**Introduced by Assembly Member Jones**

March 4, 2009

An act to add Chapter 3.34 (commencing with Section 1596.55) to Division 2 of the Health and Safety Code, relating to medical homes, *and declaring the urgency thereof, to take effect immediately*.

LEGISLATIVE COUNSEL'S DIGEST

AB 1542, as amended, Jones. Medical homes.

Existing law provides for the licensure and regulation of clinics and health facilities by the State Department of Public Health. Existing law also provides for the registration, certification, and licensure of various health care professionals and sets forth the scope of practice for these professionals.

This bill would establish the Patient-Centered Medical Home Act of 2010 to encourage licensed health care providers and patients to partner in a patient-centered medical home, as defined, that promotes access to high-quality, comprehensive care, in accordance with prescribed requirements.

*This bill would declare that it is to take effect immediately as an urgency statute.*

Vote: ~~majority~~ *2/3*. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. Chapter 3.34 (commencing with Section 1596.55) is added to Division 2 of the Health and Safety Code, to read:

## Chapter 3.34. Patient-Centered Medical Home Act of 2010

1596.55. (a) This chapter shall be known, and may be cited, as the Patient-Centered Medical Home Act of 2010.

(b) It is the intent of the Legislature to encourage licensed health care providers and patients to partner in a patient-centered medical home that promotes access to high-quality, comprehensive care and ultimately to ensure that all Californians have a medical home.

(c) It is the intent of the Legislature that a California practice or other entity calling itself a medical home adhere to quality standards that will do all of the following:

(1) Reduce disparities in health care access, delivery, and health care outcomes.

(2) Improve quality of health care and lower health care costs, thereby creating savings to allow more Californians to have health care coverage and to provide for the sustainability of the health care system.

(3) Integrate medical, mental health, and substance abuse care.

(4) Remove barriers to receiving appropriate health care.

(d) It is further the intent of the Legislature that payors recognize the added value of a medical home by providing additional payment for the increased services and overhead associated with this practice model, including, but not limited to, all of the following:

(1) Coordination of care within the practice and between consultants, ancillary providers, and community resources.

(2) Adoption and use of health information technology for quality improvement.

(3) Increased patient access through advanced appointment systems, electronic patient portals, secure electronic mail, remove access monitoring systems, and telephone consultations.

(4) Risk adjustments based on the case mix, type and severity of patient illness, and patient age for the patient population.

(5) Provision for monetary reimbursement for added services among the various payment systems, including fee-for-service, value-added global, shared savings, and capitated payments.

1596.56. (a) "Medical home," "patient-centered medical home," "advanced practice primary care," "health home," and "primary care home" all mean a health care delivery model in which a patient establishes an ongoing relationship with a physician or other licensed health care provider acting within the scope of his or her practice, working in a physician-directed practice team to provide comprehensive, accessible, and continuous evidence-based primary and preventative care, and to coordinate the patient's health care needs across the health care system in order to improve quality and health outcomes in a cost-effective manner.

(b) A health care delivery model described in this section shall stress a team approach to providing comprehensive health care that fosters a partnership among the patient, the licensed health care provider acting within his or her scope of practice, other health care professionals, and, if appropriate, the patient's family.

1596.57. Notwithstanding any other provision of law, a medical home shall include all of the following characteristics:

(a) Individual patients have an ongoing relationship with a physician or other licensed health care provider acting within his or her scope of practice, who is trained to provide first contact and continuous and comprehensive care, or if appropriate, provide referrals to health care professionals that provide continuous and comprehensive care.

(b) A team of individuals at the practice level collectively take responsibility for the ongoing health care of patients. The team is responsible for providing for all of a patient's health care needs or taking responsibility for appropriately arranging health care by other qualified health care professionals, including making appropriate referrals.

(c) Care is coordinated and integrated across all elements of the complex health care system and the patient's community. Care is

facilitated, if available, by registries, information technology, health information exchanges, and other means to ensure that patients receive the indicated care when and where they need and want the care in a culturally and linguistically appropriate manner.

(d) All of the following quality and safety components:

(1) The medical home advocates for its patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between providers, the patient, and the patient's family.

(2) Evidence-based medicine and clinical decision support tools guide decisionmaking.

(3) Licensed health care providers in the medical practice who accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.

(4) Patients actively participate in decisionmaking and feedback is sought to ensure that the patients' expectations are being met.

(5) Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication.

(6) The medical home participates in a voluntary recognition process conducted by an appropriate nongovernmental entity to demonstrate that the practice has the capabilities to provide patient-centered services consistent with the medical home model.

(7) Patients and families participate in quality improvement activities at the practice level.

(e) Enhanced access to health care is available through systems such as open scheduling, expanded hours, and new options for communication between the patient, the patient's personal provider, and practice staff.

1596.58. Nothing in this chapter shall be construed to do any of the following:

(a) Permit a medical home to enter into a contractual relationship that may result in the unlicensed practice of medicine.

(b) Change the scope of practice of physician and surgeons, nurse practitioners, or other health care providers.

(c) Affect the ability of a nurse to operate under standard procedures pursuant to Section 2725 of the Business and Professions Code.

(d) Impede the ability of a practice or entity to call themselves a medical home if specifically authorized by statute and the use of the term medical home is for the purposes of complying with that statute.

(e) Prevent or limit the ability of a practice or entity to participate in activities, as authorized by Sections 2703, 3024, and 3502 of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152). Nothing in this subdivision shall be construed to change the scope of practice of physician and surgeons, nurse practitioners, or other health care providers.

*SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:*

*In order to make the necessary statutory changes to avoid participant confusion about medical homes as defined by this act, the demonstration projects developed pursuant to Section 14180 of the Welfare and Institutions Code, and participation in Section 2703, of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), it is necessary that this act take effect immediately.*

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